## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)         PAGE 1 OF 1           FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA	
Check if $X$ 24-hour report 48-hour report $X$ New report Amends report filed on	
Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination
Mailing Address 95 EDDY RD	01 13 2016
STE 101	Amount
City State Zip Code	44619.82
MANCHESTER NH 03102	Transaction ID : SE24.1208  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT MAIL  Category/ Type	01 07 7 2016
Name of Federal Candidate Support	t Office Sought: House District:
CARLY FIORINA Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 389115.77	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	/ Illican
City State Zip Code	
Durage of Evacaditure	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	t Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	44619.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	44619.82
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Christopher M. Marston [Electronically Filed] D	Date 01 / 13 / 2016
Oignature	